



Seattle
Parks & Recreation

Specialized Programs Recreation Therapy Internship Application

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Date of Birth:** _____

Permanent Address (if different): _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Email: _____

College/University: _____

Major: _____ **Minor:** _____

During your internship, will you have insurance coverage? Yes ___ No ___

Does your university currently have an *affiliation agreement* with SPR? Yes ___ No ___

How many weeks are you required to do your internship? _____

Have you ever volunteered/worked in a community TR setting? _____

If so, where? _____

Summarize any previous experience working with people who have disabilities:

Please share your professional goals as they relate to community recreation:

Send completed application with resume, cover letter and 3 references to:

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